

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/576279

FILING DATE

APPLICANT(S)

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		CLAIMS
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1		1				
2							
3							
4							
5							
6			6				
7			1				
8			1				
9			1				
10			1				
11			1				
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48							
49							
50							
TOTAL IND.			1				
TOTAL DEP.			21				
TOTAL CLAIMS			22				

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		CLAIMS
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51							
52							
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97							
98							
99							
100							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							

BEST AVAILABLE COPY